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BUENOS AIRES, ARGENTINA

EUGENE MALISZEWSKYJ
ENGINEERING CONSULTANT

June 29, 2015

—
ARTHUR BLOOSTON
1914 – 1999

WRITER'S CONTACT INFORMATION

sta@bloostonlaw.com
202-828-5562

VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

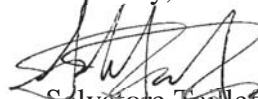
RE: Form 481 – Carrier Annual Reporting Data Collection, 2015
WC Docket No. 14-58

Dear Ms. Dortch:

Pursuant to section 54.422(c) of the Commission's Rules,¹ Custer Telephone Broadband Services, LLC (the "Company"), a Lifeline-only ETC, hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission as further required by section 54.422(c).

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Salvatore Tallefer, Jr.

Counsel to Custer
Telephone Broadband Services, LLC

¹ 47 CFR §54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	479019
<015> Study Area Name	Custer Telephone Broadband Services LLC
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Dennis Thornock
<035> Contact Telephone Number: Number of the person identified in data line <030>	2088792281 ext.17
<039> Contact Email Address: Email of the person identified in data line <030>	dennis@custertel.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">479019ID510.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">479019ID610.pdf</div>	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☐

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	479019
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

[illegible]

[illegible]

<010>	Study Area Code	479019
<015>	Study Area Name	Custer Telephone Broadband Services LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

[illegible]

<010>	Study Area Code	479019
<015>	Study Area Name	Custer Telephone Broadband Services, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net
<810>	Reporting Carrier	Custer Telephone Broadband Services, LLC
<811>	Holding Company	Name Not Available
<812>	Operating Company	Custer Telephone Broadband Services, LLC

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	Custer Telephone Broadband Services LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis Thornock
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext. 17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | Select
Yes or No or
Not Applicable |
|--|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | |
| <922> Feasibility and sustainability planning; | |
| <923> Marketing services in a culturally sensitive manner; | |
| <924> Compliance with Rights of way processes | |
| <925> Compliance with Land Use permitting requirements | |
| <926> Compliance with Facilities Siting rules | |
| <927> Compliance with Environmental Review processes | |
| <928> Compliance with Cultural Preservation review processes | |
| <929> Compliance with Tribal Business and Licensing requirements. | |

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	479019
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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Dennis Thornock
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

479019ID1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.custertel.net/images/Lifeline-CTBS.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	479013
<015>	Study Area Name	Custer Telephone Broadband Services LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	DENNIS INDRICK
<035>	Contact Telephone Number - Number of person identified in data line <030>	2088792281 ext.17
<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custerel.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)iii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	479019
<015> Study Area Name	Custer Telephone Broadband Services LLC
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<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) ☐
- (3014) If yes, does your company file the RUS annual report ☐

(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited? ☒ ☒

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐
- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐
- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
- (3023) Underlying information subjected to a review by an independent certified public accountant ☐
- (3024) Underlying information subjected to an officer certification. ☐
- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

[3000] Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Custer Telephone Broadband Services LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2015
Printed name of Authorized Officer: Dennis Thornock	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 2088792281 ext.17	
Study Area Code of Reporting Carrier: 479019	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<015> Study Area Name	Custer Telephone Broadband Services LLC
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<039> Contact Email Address - Email Address of person identified in data line <030>	dennis@custertel.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Custer Tel. Cooperative
2015 Form 481
479019ID310

No Attachment

As indicated by Line 300, Custer Telephone Broadband Services LLC had no unfulfilled requests for voice service. Accordingly, Line 310 is not required and should not have any documents attached.

Service Quality Standards and Consumer Protection

Custer Telephone Broadband Services LLC (“Custer”) understands and complies with the Idaho Public Utilities Commission’s *Telephone Customer Relations Rules*, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1988, Chapter 6, Title 62, Idaho Code, with regards to service.

These telephone customer relations rules provide a set of fair, just, reasonable, and non-discriminatory rules regarding deposits, guarantees, billing, application for service, denial of service, termination of service, complaints to telephone companies, billing for interrupted service, and provisions of certain information about customer to authorities.

Custer implements the *Telephone Consumer Relation Rules* through the terms and conditions set forth in its tariff, and through its standard company operating procedures, which is readily available to the public at their Headquarters office.

Custer also complies with Customer Proprietary Network Information (CPNI) and Red Flag rules through established operating procedures. A description of Custer’s CPNI procedures is filed annually with the FCC.

Functionality in Emergency Situations

Pursuant to 47 C.F.R. § 54.313(a) (6) and/or 47 C.F.R § 54.422(b) (4) as set forth in 47 C.F.R. § 54.202(a) (2) Custer Telephone Broadband Services LLC meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Custer Telephone's central and or remote office(s) by use of fixed generator and batteries that provide it with 120 hours of emergency power service. In addition, Custer Telephone's field electronics have 8 hours of back-up power by use of fixed/mobile generators and batteries. Custer Telephone has equipped its remote offices/and or field gear, with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. Custer Telephone is capable of managing traffic spikes resulting from emergency situations.

Lifeline

What Is The Telephone Assistance Program?

Financial assistance is available in Idaho to help qualified low-income individuals pay for telephone service. The Idaho Telephone Service Assistance Program (ITSAP) offers a \$2.50 discount on monthly telephone bills. A separate program – the Federal Communication Commission’s Life line program (Lifeline) offers a monthly discount of \$9.25. ITSAP provides a communication “lifeline” to those who might not otherwise be able to afford telephone service. It also enhances the value of service for everyone by increasing the number of people who can be reached by telephone. A small surcharge is applied to every Idaho telephone line each month to reimburse local telephone companies for the cost of state discounts under ITSAP. The surcharge is waived for customers receiving the ITSAP discount. The Idaho Public Utilities Commission (IPUC) reviews the surcharge annually and may increase or decrease the surcharge.



Who Is Eligible?

Any residential customer who meets program-based or income-based eligibility criteria. To find out if you are eligible contact the Eastern Idaho Community Action Partnership.

The assistance provides the following discounts:

Landline:

- Idaho Telephone Service Assistance Credit - \$2.50
- Lifeline FCC End User Charger Credit - \$6.50
- Federal Lifeline Credit - \$2.75

How Do I Apply For Assistance?

In order to receive benefits, you must apply for these programs with the Eastern Idaho Community Action Partnership (EICAP) office. Website link and local address is listed below. EICAP will work with you and Custer Telephone to recertify you for the program each year; failure to recertify will terminate your eligibility for program benefits.

- Apply at the Eastern Idaho Community Action Partnership office.
- If you are eligible, your name and telephone number will be forwarded to Custer Telephone or your local service provider if different than Custer Telephone.
- The monthly discount will begin by your next billing period if your name and number match the telephone company’s records.

Do I Need To Apply Every Year?

Yes. Your eligibility must be renewed each year.

If you have questions regarding ITSAP, please contact Custer Telephone or the Eastern Idaho Community Action Partnership.

Lifeline is a government assistance program; the service is non-transferable, only eligible consumers may enroll in the program, and the program is limited to one discount per household.

Eastern Idaho Community Action Partnership
955 Riverfront Drive
Suite A
Salmon, ID 83467
208.756.3999
<http://www.eicap.org/>

Lifeline Service Terms

Custer Telephone Broadband Services LLC is a quality telecommunications service provider who provides basic and enhanced services at reasonable rates within its service territory. Basic Residential service is offered at the following rate:

	Monthly Rates Charges	One-Time Non-Recurring
Single Party Residence Service	\$16.00	\$18.00
The following fees apply in addition to the above monthly rates:		
• Network Access Fee	\$6.50	
• Idaho Telephone Service Assistance Program (ITSAP)	\$0.01	
• Idaho Universal Service Fund (ID USF)	\$0.16	
• Lemhi County 911 Fee	\$1.25	
• Federal Excise Tax	\$0.71	
• Federal Universal Service Fund	\$1.13	
Single Party Residential Service Total	\$25.76	
Federal Lifeline Credit	(\$9.25)	
Idaho Telephone Assistance Program Credit	<u>(\$2.50)</u>	
Single Party Universal Life Line Service Monthly Rate*	\$14.01	\$18.00

*Discounted basic service rates and free Toll-Blocking are available to those that qualify for Universal Life Line Service.

The above rates include the following:

- Local Calling
- Touch Tone Capability
- Access to Operator Services
- Directory Assistance and Inter-Change Service Providers
- Voice Grade Access to the Public Switched Network
- Free Access to 800 and 800-like Toll Free Services
- One Free Directory Listing
- Free Access to a Business Office and Free Access to the Idaho Relay Service by Dialing 711

Emergency 911 Service.....Surcharge for 911 services
are assessed according to
Government assessments

Long Distance is not included.

Long Distance rate is ten cents (\$0.10) per minute

Custer Telephone Broadband Services LLC offers basic services to all customers within its service territory.

For additional detail on any of these services, please contact our business office at 208.756.4111 or toll-free 866.879.2281.